



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

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**105 CMR 201.000: Head Injuries and Concussions in Extracurricular Athletic Activities  
Year End Reporting Form for Schools, 2019-2020**

105 CMR 201.000 requires that all public middle and high schools (including charter schools) with extracurricular athletic activities, as well as all private schools that are members of the Massachusetts Interscholastic Athletic Association (MIAA), provide data to the Department of Public Health annually on the number of Report of Head Injury Forms received by the school and the number of those forms that indicate that the injury occurred during interscholastic athletics. This form provides the mechanism for complying with that regulation. The regulations specify that, unless school policies dictate otherwise, the Athletic Director is responsible for reporting these annual statistics to the Department of Public Health [105 CMR 201.012(C)(7)].

**Please complete only one report per school (not by school district).**

**Instructions:**

Complete this form and return it **no later than August 31, 2021** by using one of the following options:

1. Fill out and submit the online form by visiting: <https://mdph.checkboxonline.com/2019-2020-Sports-Concussion-Year-End-Reporting>
2. Email this electronic form to: [DPH-ConcussionPolicies@MassMail.State.MA.US](mailto:DPH-ConcussionPolicies@MassMail.State.MA.US)
3. Mail hard copy of this form to:

Steven Smyth  
Massachusetts Department of Public Health  
Division of Violence and Injury Prevention  
250 Washington Street, 4<sup>th</sup> Floor  
Boston, MA 02108

If you have any questions, please call us at 617 624-5490. All DPH required forms and information regarding sports concussions in school sports can be found at [www.mass.gov/sportsconcussion](http://www.mass.gov/sportsconcussion).

## Respondent's Information

Your Name:  Your Title:

Your Email:

## Required Staff Eligibility

The regulations specify that, unless school policies dictate otherwise, the Athletic Director is responsible for reporting these annual statistics to the Department of Public Health [105 CMR 201.012(C)(7)].

Are you the correct staff person to complete this report?

☐ Yes\*

☐ No\*\*

\*If "Yes" is there another school staff person who should be contacted to complete this report in the future? If so, please provide their email address.

Email:

\*\*If "No" you have indicated that you are not the correct staff person to submit the Year End Report. Please provide the email address for the correct school staff person.

Email:

## School Information

For private schools, please indicate "N/A" or "Private." For charter schools, please indicate the name of the school (which will be the same as "School Name"). For other public schools, please indicate the district.

School District:

School Name:

Grades included in the school (check all that apply):

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ None of the above

\*If none of the above, you may stop now and submit the report by following the instructions on page 1. Otherwise, please continue.

## Required Reporting Eligibility

Please choose from the following options in regards to whether or not your school is required to complete this report:

☐ Public School

☐ Private school affiliated with MIAA

☐ None of the above\*

\*If none of the above, you may stop now and submit the report by following the instructions on page 1. Otherwise, please continue.

Does your school have an extracurricular sports program?

*An extracurricular sports program is defined as an organized school sponsored athletic activity, including marching bands, generally occurring outside of school instructional hours.*

- ☐ Yes  
☐ No\*

\*If no, you may stop now and submit the report by following the instructions on page 1. If yes, please continue.

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## Required Questions

- 1) Please enter the total number of "Report of Head Injury" Forms received in school year 2019-2020.  
*Report how many "Report of Head Injury" forms (or school-based equivalents) were received. A school-based equivalent means a form that a school district or school develops in lieu of the Department of Public Health form which, at minimum, includes all of the information required by the Department's Report of Head Injury form.*

- 2) Please enter the total number of "Report of Head Injury" forms received in school year 2019-2020 that indicate the injury occurred *while engaged in extracurricular athletics/school sports*.

- 3) Please indicate whether "Report of Head Injury" forms are required to be submitted for all students or only for students who participate in extracurricular athletics/school sports.  
*Schools or school districts define their own policy on whether "Report of Head Injury" forms are required for all students or only for student athletes.*

- ☐ Student Athletes Only  
☐ All Students  
☐ Unknown

## Optional Questions (This information is not required by regulation, but can help inform policy and programming)

- 4) Total number of Medical Clearance and Authorization/Return to Play Forms received in school year 2019-2020.

*Schools are required to utilize the Department of Public Health's Medical Clearance and Authorization form or school-based equivalent prior to a student returning to play. This question asks schools to report how many Medical Clearance Forms (or school-based equivalents) were received. Please note that not every student is cleared to return to play in the same school year in which s/he is injured, so this total is not expected to equal the number of Report of Head Injury forms for student athletes. The Medical Clearance and Authorization/Return to Play Form can be found here: <https://www.mass.gov/service-details/head-injury-and-concussion-information-for-medical-providers>.*

- 5) Does your school have Licensed Athletic Trainers?

*Licensed Athletic Trainer means any person who is licensed by the Board of Registration in Allied Health Professions in accordance with M.G.L. c. 112, § 23A and 259 CMR 4.00 as a professional athletic trainer and whose practice includes schools and extracurricular athletic activities. Pursuant to M.G.L. c. 112, § 23A, the athletic trainer practices under the direction of a physician duly registered in the Commonwealth.*

- ☐ Yes  
☐ No\*

\*If no, skip to question 7

- 6) If yes, how many FTEs (full-time equivalents) does your school have for Licensed Athletic Trainers?  
*1.00 is a full-time person, and 0.50 would be a half-time person.*

- 7) How do parents or legal guardians receive the Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities? (<https://www.mass.gov/lists/required-forms-for-schools-with-extracurricular-sports-activities>)

- ☐ Hard Copy  
☐ Online

- 8) Who assures that Pre-Participation Head Injury forms are completed? (Check all that apply)

- ☐ School Nurse  
☐ School Physician  
☐ Coach  
☐ Athletic Trainer  
☐ Athletic Director

- 9) How many people among the following groups completed a concussion-related annual training during school year 2019-2020?

- Number of school nurses who completed the training  
 Total number of school nurses employed at the school

- Number of school physicians who completed the training  
 Total number of school physicians at the school

- Number of coaches who completed the training  
 Total number of coaches at the school

- Number of athletic trainers who completed the training  
 Total number of athletic trainers at the school

- Number of student athletes who completed the training  
 Total number of student athletes at the school

*If unknown, please approximate.*

- Number of parents who completed the training:  
 Total number of parents of student athletes at the school

*If unknown, please approximate.*

- 10) For whom is Baseline ImPACT or comparable neurocognitive testing provided at your school (either in-person or online):

- ☐ None of the students.  
☐ All students engaged in any extracurricular athletics at the school.

- ☐ All students in the school.
- ☐ All students engaged in certain extracurricular athletics at the school. Specify sport(s):
- ☐ All students in certain grades. Specify grade(s):
- ☐ Other (please specify):

*Thank you for completing this form and helping us monitor the health and safety of our student athletes!*

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